

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032264
STATE FILE NUMBER

AMENDED

Registration District No. 77Primary Registration District No. 3016Registrar's No. 267

FILED SEP 18 1961

1. PLACE OF DEATH

a. COUNTY

Cole

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Jefferson City

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Cole

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

None 223 W. Fillmore

Inside Limits

Yes ☒ No ☐c. CITY
OR TOWN

Jefferson City

d. STREET
ADDRESS

223 W. Fillmore

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Otto

S.

Atkisson

4. DATE
OF DEATH

Month

Day

Year

September 8, 1961

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

June 28, 1971

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Prison Guard

10b. KIND OF BUSINESS OR INDUSTRY

Penal Inst.

11. BIRTHPLACE (City and state or country)

Lowell, Arkansas

12. CITIZEN OF WHAT COUNTRY

American

13a. FATHER'S NAME

William S. Atkisson

13b. MOTHER'S MAIDEN NAME

Hattie Jane Foster

14. NAME OF HUSBAND OR WIFE

Thelma L. Atkisson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

no

17. INFORMANT

Address

Thelma L. Atkisson 223 W. Fillmore

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Myocardial Infarction

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerotic coronary thrombosis

DUE TO (c)

Spontaneous atherosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Sept 7 1961 to Sept 8 1961 and last saw him alive on Sept 8 1961Death occurred at 5:50 P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

September

Aug. 12, 1961

23c. NAME OF CEMETERY OR CREMATORY

Riverview

23d. LOCATION (City, town, or county)

Jefferson City, Missouri

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

12 September 1961

26. REGISTRAR'S SIGNATURE

R. H. Richter, Reg.

Tanner Funeral Home Inc.

By Robert H. King

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

9/22/61

INSTEAD OF

8/12/61

SHOULD READ

9/12/61

ITEM NO.

23b

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Fun. Dir.

VS SEP 1 1961

VS SEP 2 2 1961

SEP 19 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Omer Howard Jones

Licensed Embalmer No. 4411

P. O. Address Belle Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.